



PATENT
450100-4811

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#10/B
W. Lawson
9/23/03

Applicant(s) : Takashi Honda
Serial No. : 09/271,502
For : RECORDING/REPRODUCING APPARATUS
AND RECORDING/REPRODUCING METHOD
Filed : March 18, 1999
Examiner : Thai Q. Tran
Art Unit : 2615

RECEIVED

SEP 0 8 2003

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 2, 2003

Glenn F. Savit, Reg. No. 37,437

Name of Applicant, Assignee or Registered Representative

Glenn F. Savit

Signature

September 2, 2003

Date of Signature

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 30, 2003, please amend the above-identified application as follows:



PATENT
450100-4811

2615

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No. : 09/271,502
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Examiner : Thai Q. Tran
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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

RECEIVED

SEP 08 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	21	Minus	53 =	0 x	\$18 (9)	= \$0.00
Independent claims	4	Minus	12 =	0 x	\$84 (42)	= \$0.00
Total additional fee for this amendment						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of _____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Glenn F. Savit, Reg. No. 37,437

Name of Applicant, Assignee or Registered Representative

Signature

September 2, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Glenn F. Savit
Reg. No. 37,437
Tel: 212-588-0800